



State of Washington
Application for a Water Right

For Ecology Use

Fee Paid _____

Date _____

Please follow the attached instructions to avoid unnecessary delays.

(Public Health & Safety Priority) ^{semi-} for new water

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Duckabush Water Group Home Tel: (____)____ - ____
Mailing Address PO Box 236 Work Tel: (____)____ - ____
City Brinnon State Wg Zip+4 98320+ FAX: (____)____ - ____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Dan Dietz Home Tel: (360) 425 - 9119
Mailing Address 2852 Fir st Work Tel: (360) 577 - 3332
City Longview State Wg Zip+4 98632+ FAX: (____)____ - ____
Relationship to applicant Water System Purveyor

Section 3. STATEMENT OF INTENT

multiple Domestic

The applicant requests a permit to use not more than 10 gpm (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic Use. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 4 ^{need 8.5 per John Fleming, engr. + Mark Tay 20 DCH}

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER					If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for <u>One</u> well(s).			
Number of diversions: _____								
Source flows into (name of body of water):					Size & depth of well(s): <u>327 ft</u> <u>6 inch</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>2200 ft north and 110 west of Southeast Corner of Section 16</u>								
1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>SE</u>	<u>16</u>	<u>25N</u>	<u>2W</u>	<u>Jefferson</u>			
For Ecology Use Date Received: <u>5-16-01</u> Priority Date: <u>5-16-01</u>								
SEPA: Exempt/Not Exempt <u>62</u> FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>5/31/01</u> By <u>SC</u> Date Returned _____ By _____ WRIA: <u>16</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Duckabush Park Water Co.
- B. Briefly describe your proposed water system. (See instructions.)
Gould 13 GS-20-412 11-15 GPM to pressure tank by well. From Pressure tank 550 ft. to 2 2000 gal storage tanks, from tanks to distribution System

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. Permit # 16251

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 23 Type of connection Homes + Recreational
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? in progress Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? in progress Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? 2 2000G Tanks ☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. North of Duckabush river to Mt Jupiter Rd. Left on mt. Jupiter to gate at end of pavement. 246 feet from gate post to First drive on right. is well site. Tanks are across Mt Jupiter. Water line crossing is 545ft from gate Post.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

RECEIVED

MAY 14 2001

Washington State
Department of Ecology

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Paul O. Ruff Purveyor
Applicant (or authorized representative)

5-9-01
Date

Some
Landowner for place of use (if same as applicant, write "same")

5-9-01
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).